

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MASSACHUSETTS

In Re: Legacy Global Sports, L.P. ,  
Debtor

Chapter: 7  
Case No: 20-11157  
Judge Janet E. Bostwick

**SUMMONS TO DEBTOR IN INVOLUNTARY CASE**

**To the above named debtor:**

A petition under Title 11 of the United States Code was filed against you on **MAY 20, 2020** in the U.S. Bankruptcy Court for the District of Massachusetts requesting an order for relief under chapter 7 of the Bankruptcy Code.

**YOU ARE SUMMONED** and required to submit to the clerk of the bankruptcy court a motion or answer to the petition within 21 days after the service of this summons. A copy of the petition is attached.

Address of Clerk:

U. S. Bankruptcy Court  
J.W. McCormack Post Office & Court House  
5 Post Office Square, Suite 1150  
Boston, MA 02109-3945

**At the same time**, you must also serve a copy of the motion or answer upon the petitioners' attorney.

Name and Address of Petitioners' Attorney:

Joseph S.U. Bodoff  
Rubin and Rudman LLP  
53 State Street  
Boston, MA 02109

If you make a motion, your time to serve an answer is governed by Bankruptcy Rule 1011(c).

If you fail to respond to this summons, the order for relief will be entered.

Date: 5/21/2020

Mary P. Sharon  
Clerk, U.S. Bankruptcy Court  
By the Court,

Cynthia Martin  
Deputy Clerk  
(617) 748- 5323



CERTIFICATE OF SERVICE

I, \_\_\_\_\_(name), certify that on \_\_\_\_\_(date), I served this summons and a copy of the involuntary petition on \_\_\_\_\_(name), the debtor in this case, by  
*[describe the mode of service and the address at which the debtor was served]:*

If service was made by personal service, by residence service, or pursuant to state law, I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

|                           |                |              |
|---------------------------|----------------|--------------|
| _____<br>Print Name       |                |              |
| _____<br>Business Address |                |              |
| _____<br>City             | _____<br>State | _____<br>Zip |